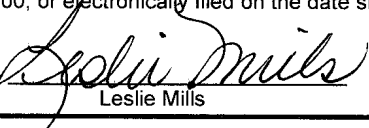
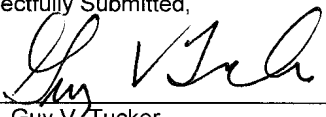


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Weers et al. Application No: 10/616,448 Confirmation No: 1036 Filed: July 8, 2003 Title: PHOSPHOLIPID-BASED POWDERSFOR INHALATION	Group No: 1616 Examiner: Ernst V. Arnold Attorney Docket No: NK..0103.11 September 16, 2008 San Francisco, California 94107																		
Commissioner for Patents VIA EFS	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																		
Papers Enclosed <input checked="" type="checkbox"/> Amendment in Response to Non-Final Office Action <input type="checkbox"/> Declaration <input type="checkbox"/> <u>0</u> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2" style="text-align: center;">Extension Fee</th> </tr> <tr> <th></th> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td style="text-align: center;">\$120.00</td> <td style="text-align: center;">\$60.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two Months</td> <td style="text-align: center;">\$460.00</td> <td style="text-align: center;">\$230.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,050.00</td> <td style="text-align: center;">\$525.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 460.00</td> </tr> </table> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee			Large Entity	Small Entity	<input type="checkbox"/> One Month	\$120.00	\$60.00	<input checked="" type="checkbox"/> Two Months	\$460.00	\$230.00	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00	Total \$ 460.00		
Extension (Months)	Extension Fee																		
	Large Entity	Small Entity																	
<input type="checkbox"/> One Month	\$120.00	\$60.00																	
<input checked="" type="checkbox"/> Two Months	\$460.00	\$230.00																	
<input type="checkbox"/> Three Months	\$1,050.00	\$525.00																	
Total \$ 460.00																			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	23	23	0	\$50.00	\$25.00	\$0.00
Independent Claims	3	3	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims			0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment	Fee Deficiency						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Extension Fees</td> <td style="text-align: right;">\$460.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$460.00</td> </tr> </table>	Extension Fees	\$460.00	Fees for Extra Claims	\$ 0.00	Total	\$460.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Extension Fees	\$460.00						
Fees for Extra Claims	\$ 0.00						
Total	\$460.00						

<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$460.00 . CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a) I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 273-8300, or electronically filed on the date shown below. By:  Date: <u>September 16, 2008</u> Leslie Mills	Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107 Respectfully Submitted, By:  Date: <u>September 16, 2008</u> Guy V. Tucker Registration No. 45,302
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